Recipient Committee Campaign Statement Cover Page			And Date Stamp	united 512	CU/6 COVER PAGE ALIFORNIA 460 FORM		
SEE INSTRUCTIONS ON REVERSE	Statement covers period	Date of election if applicable: (Month, Day, Year)	,	Pag 05	ge of _ 3 Eor Official Use Only 25/15 17-13 Q		
1. Type of Recipient Committee: All Committees - Com Officeholder, Candidate Controlled Committee State Candidate Election Committee Recall (Also Complete Pert 5) General Purpose Committee Sponsored Small Contributor Committee Political Party/Central Committee	2. Type of Statement: Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 Termination) Amendment (Explain below) Changes to Summary (Ending Cash Balance), Changes to Schedule F						
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) Schott for Hayward City Council 2016 STREET ADDRESS (NO P.O. BOX) CITY STATE ZIP COD Hayward CA 94542	NUMBER 0383200 E AREA CODE/PHONE 510-816-3433	Treasurer(s) NAME OF TREASURER Ms. Nicki Mitchell MAILING ADDRESS CITY Hayward NAME OF ASSISTANT TREASURER Ms. Doris Dupont	STATE CA , IF ANY	ZIP CODE 94542	AREA CODE/PHONE 415-370-6819		
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX CITY STATE ZIP CODE OPTIONAL: FAX / E-MAIL ADDRESS 1. Verification I have used all reasonable diligence in preparing and reviewing certify under penalty of perjury under the laws of the State of C	this statement and to the best of my k	MAILING ADDRESS CITY Hayward OPTIONAL: FAX/E-MAIL ADDRESS knowledge the information contained incorrect.		ZIP CODE 94544 ched schedules	AREA CODE/PHONE 510-477-6256 is true and complete. I		
Executed on	By Stonatus St. John Rv	Rionature of Treasurer of Assistant To Ming Officeholder, Gandidate, State Measure Prop gnature of Controlling Officeholder, Candidate, Sta	onent or Responsible Office	r of Sponsor			

Signature of Controlling Officeholder, Candidate, State Measure Proponent

Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

Amended 5/26/16

Statement covers period

SUMMARY PAGE

				from	2/29/2016	FORM 460
SEE INSTRUCTIONS ON REVERSE				throu	ugh4/23/2016	Page 2 of 3
NAME OF FILER Schott for Hayward City Council 2016		-				I.D. NUMBER 1383200
ntributions Received		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)		Column B CALENDAR YEAR TOTAL TO DATE	Calendar Year Sum Running in Both th	mary for Candidates e State Primary and
1. Monetary Contributions Schedule A, Line 3	\$	5246	\$	5246	General Elections	
2. Loans Received Schedule B, Line 3		2750		2750	5 1/1 th	rough 6/30 7/1 to Date
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$	7996	\$	7996	20. Contributions Received \$	•
4. Nonmonetary Contributions		0	·	0	21. Expenditures	3
5. TOTAL CONTRIBUTIONS RECEIVEDAdd Lines 3 + 4	\$	7996	\$	7996		 \$ <u></u>
Expenditures Made	J., B.,				Evnanditura Limit 6	
6. Payments Made Schedule E, Line 4	\$	2969	\$	2969	Expenditure Limit S Candidates	oummary for State
7. Loans Made Schedule H, Line 3		0		0	.	
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$	2969	\$	2969	22. Cumulativ	re Expenditures Made* Voluntary Expenditure Limit)
9. Accrued Expenses (Unpaid Bills)		2644		2644		Total to Date

0

5394

11. TOTAL EXPENDITURES MADE	\$	563
Current Cash Statement		
12. Beginning Cash Balance Previous Summary Page, Line 16	\$	0
13. Cash Receipts Column A, Line 3 above		7996
14. Miscellaneous Increases to Cash Schedule I, Line 4		0
15. Cash Payments Column A, Line 8 above		2969
16. ENDING CASH BALANCEAdd Lines 12 + 13 + 14, then subtract Line 15	\$	
If this is a termination statement, Line 16 must be zero.		9 3 4
7. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$	0
Cash Equivalents and Outstanding Debts	X	5 J
8. Cash Equivalents See instructions on reverse	\$	0

19. Outstanding Debts...... Add Line 2 + Line 9 in Column B above \$

To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some mounts in Column A may a negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).

- 5613

*Amounts in this section may be different from amounts reported in Column B.

(mm/dd/yy)

FPPC Form 460 (Jan/2016)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov

			Amen	ded 5/26	2/16	SCHEDULE		
Schedule F Accrued Expenses (Unpaid Bills)	Amounts may be round to whole dollars.	Statement cove	ers period	CALIF	ORNIA 460			
SEE INSTRUCTIONS ON REVERSE			through4/23	3/2016	Page .	3_ <u>, 3</u>		
NAME OF FILER Schott for Hayward City Council 2016				- 1	I.D. NUM 103832			
CODES: If one of the following codes accurately describes campaign paraphernalia/misc. campaign consultants contribution (explain nonmonetary)* civic donations candidate filing/ballot fees fundraising events ND independent expenditure supporting/opposing others (explain)* legal defense campaign literature and mailings	the payment, you may enter the code. Otherwise, describe the payment. MBR member communications MTG meetings and appearances OFC office expenses PET petition circulating PHO phone banks POL polling and survey research POS postage, delivery and messenger services PRO professional services (legal, accounting) PRT print ads RAD radio airtime and production cos RFD returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and producti candidate travel, lodging, and m staff/spouse travel, lodging, and TSF transfer between committees of voter registration WEB information technology costs (in					tion costs neals d meals f the same candidate/sponsor		
NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PA THIS PERIO (ALSO REPORT O	D	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD		
AdMail Express, Inc. 31640 Hayman St. Hayward, CA 94544	CMP, LIT	0	\$2,644		0	\$2,644		
Payments that are contributions or independent expenditures must also be ummarized on Schedule D,	SUBTOTALS \$	0	\$ 2,644 \$;	0 \$	\$2,644		
Schedule F Summary								
 Total accrued expenses incurred this period. (Include all So accrued expenses of \$100 or more, plus total unitemized a 	accrued expenses under \$	\$100.)		JRRED TOTAL	_S \$	\$2,664		
Total accrued expenses paid this period. (Include all Sche accrued expenses of \$100 or more, plus total unitemized p	payments on accrued exp	enses under \$100.).		PAID TOTAL	_S \$	0		
Net change this period. (Subtract Line 2 from Line 1. Enter on the Summary Page, Column A, Line 9.)	***************************************	\$0 IPH 4440 0000 0000 1144 140 1859 00 00 00 00 00 00 00 00 00 00 00 00 00		NE	ET \$	-\$2,664		